

INSTRUCTIONS:

Please read carefully before filling in form. In order to be reimbursed, the worker must have notified the CSST, using the Worker's Claim form, of the incident giving rise to this application for reimbursement.

IMPORTANT

Fill out the appropriate section(s) based on the type of expenses for which you are claiming reimbursement.

Attach **originals** of all receipts and prescriptions (essential for reimbursement). Securely attach them to the form, ensuring that the CSST file number is indicated on each document.

If the person accompanying the worker because of the worker's state of health is claiming expenses, he or she must properly fill out section 2 and provide the information required concerning the worker. The medical prescription authorizing the accompanying person must also be attached to the form.

If the CSST has granted an advance on travel expenses, the amount of the advance must be entered in space provided.

For quick processing, forward the claim to the CSST regional office handling the file.

Claims for travel, meals or accommodation expenses must be made within 6 months of the date on which the expenses were incurred.

TRAVEL EXPENSES

Public transport

Travel by public transport (bus, subway, train, ferry) is reimbursed on an actual cost basis. Attach receipts if the carrier issues one as a matter of practice.

Personal vehicle

The costs of using a personal vehicle are reimbursed at a rate of \$0.145 per kilometer.

Provided that the worker has CSST authorization and a medical certificate stating that he or she is unable to use public transport, the cost of using a personal vehicle is reimbursable at the rate of \$0.43 per kilometer.

Taxi

Provided that the worker has CSST authorization and a medical certificate stating that he or she is unable to use public transport, the cost of the taxi fare is reimbursed upon presentation of receipts.

Parking and tolls

Parking and tolls are reimbursable on an actual cost basis.

Travelling more than 100 kilometres from home

If you decide to travel more than 100 kilometres from your home for treatment that is available closer, **contact us before you undertake such a trip**. We may authorize the trip if it is the most economical appropriate solution. Otherwise, you would be entitled to be reimbursed for the equivalent of a 200 kilometer round trip.

MEDICATION

Clearly indicate the name of each drug and the name of the prescribing physician. Attach originals of all receipts.

MEALS AND ACCOMMODATION EXPENSES

Meals

As a general rule, meal expenses are reimbursed only if the destination is more than 16 kilometres from the worker's home. Meals actually taken will be reimbursed upon presentation of original receipts and under the following conditions:

- If the worker must leave home before 7:30 a.m., breakfast is reimbursed up to \$10.40;
- If the worker must leave home before 11:30 a.m., and return home after 1:30 p.m., lunch is reimbursed up to \$14.30;
- If the worker must leave home before 5:30 p.m., and return home after 6:30 p.m., dinner is reimbursed up to \$21.55.

Accommodation

Expenses for staying in a hotel or with a relative or friend must be authorized by the CSST. These expenses are reimbursed upon presentation of receipts according to the following rates:

- Hotel Accommodation
 - **Island of Montreal:**
to a maximum of \$126* per night
 - **Communauté urbaine de Québec:**
to a maximum of \$106 per night
 - **Hull, Laval, Longueuil:**
to a maximum of \$102* per night
 - **Elsewhere in Quebec:**
to a maximum of \$83* per night
- Allowance granted for each day of travel requiring hotel accommodation: \$5.85.
- Lodging with a relative or friend: \$22.25 per night.

* Between June 1 and October 31 of each year, the \$126, the \$102 and the \$83 maximums are increased to \$138, to \$110 and to \$87 respectively.

CLOTHING

Briefly describe any damage to your clothing at the time of the accident.

Specify the type of expenses incurred (cleaning, repair, replacement) and attach the bills. When claiming replacement of clothing, indicate the purchase price of the damaged item.

Note. Under the Act, cleaning, repair, or replacement of clothing is not fully reimbursable. In this case, reimbursement is subject to a deductible amount, amended on January 1 of each year.

OTHER EXPENSES

Use section 7 to claim all other expenses incurred as a result of the work-related accident, and which are not mentioned elsewhere in the form.

For reimbursement of expenses for services, clearly indicate the following:

- the period during which the service was provided;
- the supplier's name;
- the type of service;
- the number of children (in the case of childcare services);
- the amount of the expenses incurred (amount claimed)

Attach the original medical prescription, if any, and all receipts. Contact your local CSST office if you require further information.



APPLICATION FOR REIMBURSEMENT OF EXPENSES

For worker For person accompanying the worker Other

1. Information about the person applying for reimbursement						2. Information about worker					
Family name (last according to the birth certificate) and first name <i>Tremblay, Pierre</i>					Telephone	Worker CSST file number 1 0 3 9 4 0 3 3 8		Date of event 2 0 1 1 0 4 2 2		Date of recurrence, relapse or aggravation 2 0 1 1 0 4 2 2	
Home address, Number, Street <i>1151 Hill Street</i>											
City, Province, Country <i>Québec (Québec) Canada</i>				Postal code							
3. Travel Expenses (attach original receipts)											
Date		From	To	Reason for travel			Method of transportation used	Distance of round trip (km)	Amount Claimed		
Month	Day			Physio (✓)	Occ. Therapy (✓)	Other (Specify)			Transportation	Parking and tolls	
01	22	Home	physio Clinic	✓			bus		5,20		
01	23	Home	Hospital			Doctor appointment	car	32	4,64	2,50	

CSST Regional Offices

Just one number for the CSST:
1 866 302-CSST (2778)

Abitibi-Témiscamingue
33, rue Gamble Ouest
Rouyn-Noranda
(Québec) J9X 2R3
Fax: 819 762-9325

2^e étage
1185, rue Germain
Val-d'Or
(Québec) J9P 6B1
Fax: 819 874-2522

Bas-Saint-Laurent
180, rue des Gouverneurs
Case postale 2180
Rimouski
(Québec) G5L 7P3
Fax: 418 725-6237

Capitale-Nationale
425, rue du Pont
Case postale 4900
Succursale Terminus
Québec
(Québec) G1K 7S6
Fax: 418 266-4015

Chaudière-Appalaches
835, rue de la Concorde
Saint-Romuald
(Québec) G6W 7P7
Fax: 418 839-2498

Côte-Nord
Bureau 236
700, boulevard Laure
Sept-Îles
(Québec) G4R 1Y1
Fax: 418 964-3959

235, boulevard La Salle
Baie-Comeau
(Québec) G4Z 2Z4
Fax: 418 294-7325

Estrie
Place-Jacques-Cartier
Bureau 204
1650, rue King Ouest
Sherbrooke
(Québec) J1J 2C3
Fax: 819 821-6116

Gaspésie-Îles-de-la-Madeleine
163, boulevard de Gaspé
Gaspé
(Québec) G4X 2V1
Fax: 418 368-7855

200, boulevard Perron Ouest
New Richmond
(Québec) G0C 2B0
Fax: 418 392-5406

Île-de-Montréal
1, complexe Desjardins
Tour Sud, 31^e étage
Case postale 3
Succursale Place-Desjardins
Montréal
(Québec) H5B 1H1
Fax: 514 906-3200
Montréal 1
Fax: 514 906-3133
Montréal 2
Fax: 514 906-3232
Montréal 3
Fax: 514 906-3434

Lanaudière
432, rue De Lanaudière
Case postale 550
Joliette
(Québec) J6E 7N2
Fax: 450 756-6832

Laurentides
6^e étage
85, rue De Martigny Ouest
Saint-Jérôme
(Québec) J7Y 3R8
Fax: 450 432-1765

Laval
1700, boulevard Laval
Laval
(Québec) H7S 2G6
Fax: 450 668-1174

Longueuil
25, boulevard La Fayette
Longueuil
(Québec) J4K 5B7
Fax: 450 442-6373
Mauricie et Centre-du-Québec
Bureau 200
1055, boulevard des Forges
Trois-Rivières
(Québec) G8Z 4J9
Fax: 819 372-3286

Outaouais
15, rue Gamelin
Case postale 1454
Gatineau
(Québec) J8X 3Y3
Fax: 819 778-8699

Saguenay-Lac-Saint-Jean
Place-du-Fjord
901, boulevard Talbot
Case postale 5400
Chicoutimi
(Québec) G7H 6P8
Fax: 418 545-3543

Complexe du Parc
6^e étage
1209, boulevard du Sacré-Cœur
Case postale 47
Saint-Félicien
(Québec) G8K 2P8
Fax: 418 679-5931

Saint-Jean-sur-Richelieu
145, boulevard Saint-Joseph
Case postale 100
Saint-Jean-sur-Richelieu
(Québec) J3B 6Z1
Fax: 450 359-1307

Valleyfield
9, rue Nicholson
Salaberry-de-Valleyfield
(Québec) J6T 4M4
Fax: 450 377-8228

Yamaska
2710, rue Bachand
Saint-Hyacinthe
(Québec) J2S 8B6
Fax: 450 773-8126

Bureau 102
26, place Charles-De Montmagny
Sorel-Tracy
(Québec) J3P 7E3
Fax: 450 746-1036

For information: Call CSST office.
Always give your name, telephone number, health insurance card number, the date of the work-related event and your CSST file number.

You can print this form our website
www.csst.qc.ca, by clicking on *Forms*.



APPLICATION FOR REIMBURSEMENT OF EXPENSES

For worker
 For person accompanying the worker
 Other

1. Information about the person applying for reimbursement	2. Information about worker
Family name (last according to the birth certificate) and first name _____ Telephone _____ Home address, Number, Street _____ City, Province, Country _____ Postal code _____	Worker CSST file number _____ Date of event _____ Date of recurrence, relapse or aggravation _____

3. Travel Expenses (attach original receipts)									
Date		From	To	Reason for travel		Method of transportation used	Distance of round trip (km)	Amount Claimed	
Month	Day			Physio (v)	Occ. Therapy (v)			Other (Specify)	Transportation

If the worker must be accompanied, attach the medical prescription to that effect and indicate: →

Family name (last according to the birth certificate) and first name of person accompanying the worker _____	Telephone _____	Advance received (if applicable) →	\$ _____
Home address, Number, Street _____	City, Province, Country _____	Signature of person applying for reimbursement →	_____

Detach and return to the CSST

